

## **Application Data Sheet**

### **Application Information**

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	THERAPEUTIC AND DIAGNOSTIC CONJUGATES FOR USE WITH MULTISPECIFIC ANTIBODIES
<b>Attorney Docket Number::</b>	018733-1135
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	1
<b>Total Drawing Sheets::</b>	16
<b>Small Entity?::</b>	Yes
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	U.S.A
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	William J.
<b>Family Name::</b>	McBride

**City of Residence::** Boonton  
**State or Province of** New Jersey  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 116 Glover Street  
**City of mailing address::** Boonton  
**State or Province of mailing** NJ  
**address::**  
**Postal or Zip Code of mailing** 07005  
**address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** David M.  
**Family Name::** Goldenberg  
**City of Residence::** Mendham  
**State or Province of** New Jersey  
**Residence::**  
**Country of Residence::** US  
**Street of mailing address::** 330 Pleasant Valley Road  
**City of mailing address::** Mendham  
**State or Province of mailing** NJ  
**address::**  
**Postal or Zip Code of mailing** 07945  
**address::**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Carl

**Family Name::** Noren  
**City of Residence::** Mt. Arlington  
**State or Province of Residence::** New Jersey  
**Country of Residence::** US  
**Street of mailing address::** 70 Hickory Way  
**City of mailing address::** Mt. Arlington  
**State or Province of mailing address::** NJ  
**Postal or Zip Code of mailing address::** 07856-1357

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Hans J.  
**Family Name::** Hansen  
**City of Residence::** Picayune  
**State or Province of Residence::** Mississippi  
**Country of Residence::** US  
**Street of mailing address::** 6014 Angler Drive  
**City of mailing address::** Picayune  
**State or Province of mailing address::** MS  
**Postal or Zip Code of mailing address::** 39466

## Correspondence Information

**Correspondence Customer Number::** 22428

**E-Mail address::** PTOMailMilwaukee@Foley.com

## Representative Information

<b>Representative Customer Number::</b>	23533	
---	-------	--

## Domestic Priority Information

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	Continuation-in-part of	10/150,654	05/17/2002
10/150,654	Continuation-in-part of	09/382,186	08/23/1999
09/382,186	Continuation-in-part of	09/337,756	06/22/1999
09/337,756	An application claiming the benefit under 35 USC 119(e)	60/090,142	06/22/1998
09/337,756	An application claiming the benefit under 35 USC 119(e)	60/104,156	10/14/1998
10/150,654	Continuation-in-part of	09/823,746	04/03/2001
09/823,746	Continuation-in-part of	09/337,756	06/22/1999
09/337,756	An application claiming the benefit under 35 USC 119(e)	60/090,142	06/22/1998
09/337,756	An application claiming the benefit under 35 USC 119(e)	60/104,156	10/14/1998

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: IMMUNOMEDICS, INC.